

Phoenix Rising Therapy Center

NOTICE OF PRIVACY PRACTICES

How we protect the confidentiality of your health care records

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. From this point forward 'we' refers to Phoenix Rising Therapy Center and its clinicians.

What this notice does for you: This notice tells you the ways Phoenix Rising Therapy Center may use and disclose medical/treatment information about you. It also describes your rights in regard to this information, and it details certain obligations we have regarding the use and disclosure of this information.

We are committed to protecting your confidential treatment information. Furthermore, we are required by law to make every effort to ensure that any health information that identifies you in any way is kept private. We are also required to give you this Notice of Privacy Practices, and to make certain that the terms of the notice currently in effect are followed.

My Responsibilities: The following categories describe the different ways we use and disclose health information. For each category of use or disclosure we will explain what is meant and try to give some examples. Not every use or disclosure in a category will be listed, but most instances of how we are permitted to use and disclose information will fall into one of the categories.

Regardless of the category, we must obtain an authorization for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment, or healthcare operations as noted below. Psychotherapy notes means notes recorded in any medium by a health care provider who is a mental health professional that document or analyze the contents of the conversation held during a private, group, joint, or family counseling session that are separated from the rest of the medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

For Treatment: We may use medical information about you to provide you with medical treatment, care, or services. The originator of psychotherapy notes may use those notes for your treatment. For example, if you are treated for depression, it may be necessary to know that you have been diagnosed with substance abuse because untreated substance abuse may impede the recovery from depression. We may also disclose medical information about you to other people who may be involved in your medical care, either while you are a client or after your course of treatment is completed. Examples of this may be physicians, other mental health and/or substance abuse professionals, or personnel from other agencies when you provide written authorization to do so. If you would like us to share information regarding your health/treatment status with your family members, you will be given the opportunity to sign an authorization permitting us to do so. If you choose not to sign this, information will not be given without a legal consent for the requesting party to obtain it, unless the appropriate authorization is received from you prior to the request.

For Payment: We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment collected from you, a government payor, or third party. For example, We may need to give your health plan, Medicaid, or Medicare information about services you received to be paid for these services. It may also be necessary to inform your health plan about a treatment modality you are going to receive to obtain prior authorization for that treatment.

For Service Alternatives: We may use and disclose medical/treatment information to tell you about or recommend possible service options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose medical/treatment information to tell you about health related benefits or services that may of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release treatment information about you to a friend or family member who is involved in your care, but only with your authorization. The opportunity to consent may be obtained retroactively in emergency situations. Nevada State law (NRS 49.209 and NRS 49.247) establishes the "general rule of privilege" by which we are bound.

As Required by Law: We will disclose medical/treatment information about you when required to do so by federal, state, or local law.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical/treatment information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military Command Authorities: We may use or disclose medical/treatment information about you as required by military command authorities. WE may also release medical/treatment information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical/treatment information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;

The effective date of this notice is February 1, 2019

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- To report deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence in any form. We will only make this disclosure if you agree, or when required or authorized by law.

Coroner, Medical Examiners, and Funeral Directors: We may disclose health information to such entities consistent with applicable law to carry out their duties.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your treatment information.

Your Health Information Rights

You have the following rights regarding medical/treatment information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your treatment. Usually this includes medical and billing records, but may not include psychotherapy notes, as per 45 CFR 164.524

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask to amend that information, as per 45 CFR 164.528.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures of your health information, as per 45 CFR 164.528.

Right to Request Restrictions: You have the right request a restriction or limitation on certain uses and disclosures of your information as provided by 45 CFR 164.522.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical/treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted in writing.

Right to Paper Copy of this Notice: You have the rights to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may ask me to give you a printed copy of this notice at any time.

Other Uses of Your Health Information: Not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide permission to use or disclose information about you, you may revoke that permission in writing at any time. If you revoke your permission, We will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain the records of the care that we provided to you.

Changes to this Notice: We reserve the right to change the contents of this notice. We reserve the right to make the revised or changed notice effective for medical/treatment information we already have about you as well as any information we receive in the future.

Complaints: If you believe your privacy rights have been violated, you may file complaint directly with me and/or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

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